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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Report of the Committee on Practical Medicine.* By F. R. PAYNE, Marshall, Illinois. Presented to the Æsculapian Society, at the meeting in Charleston, Ill., 27th and 28th of May, 1857.

Your reporters respectfully submit an imperfect sketch of some of the prevailing diseases of this district during the past year.

The duties of your committee are not only irksome, but difficult. About one hundred physicians have been addressed by circular, and six of that number have deigned to reply, and some of those in a very imperfect manner. It will be the object of your committee to present practical facts, based exclusively upon the experience and observation of practising physicians.

However pleasing to the mind it may be to theorize and speculate upon the etiology of disease, it is very evident by so doing our stock of medical knowledge would not be increased.

In order to build up and make still more respectable the profession of our choice, we must begin at the foundation, and sustain that department in which alone a suffering world is interested.

To the hospitals and the bedside of the sick we must go, in

order to get a truthful history of disease, as we cannot by induction explain a symptom or point to a remedy.

During the last year, malarious diseases, the most common in this country, did not prevail to any considerable extent, the unmistakable cause of which all observing physicians fully understand. The season was very dry. The year preceding was extremely wet, and malarious diseases prevailed extensively among all classes and in all localities. During the winter months of 1855 and 1856, we had but little sickness; the weather was exceedingly cold, the thermometer varying from zero to 22° below. In the spring of that year "PNEUMONIA" prevailed, and was unusually severe and fatal. Dr. York, of Paris, says, "It has been much more fatal than at any former period in this part of Illinois." Dr. S. W. Thompson says, "The attacks were mostly complicated with gastro-enteritis. This was more specially the case in *Typhoid pneumonia*, which prevailed to a considerable extent last winter and spring."

Dr. T. D. Washburn says, "During eight years' residence in the Wabash Valley, I have never known sickness so general as in 1855. No locality seemed exempt. Many who were born and raised in Illinois, and had reached middle life without ever having had the ague, were this season made to quake like an aspen leaf."

Dr. Washburn states that "Pneumonia has been more fatal than usual the last year, 1856." He and Dr. York both concluded that the cause of this greater fatality was the depressing effects of malaria the previous fall, and excessive cold during the winter.

Dr. O. J. Herrick, of Midway, Ill., says that pneumonia has been much more fatal than usual the last year, and that a large proportion of his cases were complicated with bronchitis.

Dr. N. S. Holmes informs me that the cases in his locality were much more fatal than usual. He practises in the east part of this county.

From all the evidence your reporters have been able to obtain, they feel confident that pneumonia, in the spring of 1856, assumed a much more malignant form than in former years. Many of the symptoms of the disease, as presented in

ordinary seasons, were greatly aggravated. In several fatal cases that came under our own observation, the expectoration of blood amounted almost to a hemorrhage; and we had, at the same time, great prostration and loss of vital energy, showing typhoid complication. Some died in the first or congested stage, but generally death occurred on the seventh or eighth day. If there was no amendment on the seventh day, the cases usually terminated fatally.

The symptoms did not vary from those laid down by our standard works, except in *degree*. The pulse ranged from 120 to 160 per minute, and at an early day, after the disease was fully developed, we had *subsultus tendinum*, delirium and partial cutaneous insensibility, indicative of much nervous derangement.

Last winter was very cold, but in the spring our cases of pneumonia were not as malignant as in the spring of 1856; but we have had more cases of phthisis among native citizens than ever before known in this latitude. During the last six months I have treated five well marked cases of tuberculoses, some of which are dead, and the others cannot recover.

It is the opinion of your reporters, that if our winters continue as cold as the two last, phthisis will become a common disease in this latitude.

TREATMENT.

Dr. York says, "The most successful treatment with which I am acquainted consists in the early and prompt administration of quinine, camphor and opium, in full doses, with one or two full doses of mercurials at the commencement, using, at the same time, mustard plasters freely to the side, spine and extremities. This course I continue until the systemic congestion is broken up, and the paroxysmal character of the disease is arrested; after this, I give *Pul. Doveri* every two or three hours, to allay pain and promote diaphoresis, and equal parts of tinct. sanguinaria, comp. syrup squills, and camph. tinct. opii, given every three or four hours in drachm doses. Blisters were applied to the seat of pain, generally within the first three or four days. In some cases it became necessary to use alterative doses of mercury during the whole course of the disease, and to resort to the early and prompt use of brandy and decoction rad.

senega. Great dyspnœa frequently occurred about the fifth or seventh day, for the relief of which I know of no means so successful as the application of large and strong mustard plasters along the spine and the insides of the thighs. This constituted the principal treatment in my practice."

Dr. S. W. Thompson says, "The enteric complication in a great measure precluded the use of tart. antimony. The treatment upon which I placed the most reliance consisted of small doses of calomel and morphine, with full doses of nitrate potas. and as much *Ipecac.* as the stomach would tolerate, given every two or three hours. Stimulating expectorants, as squill and senega, with early counter-irritation by means of blisters, and during the latter stages, quinine and *pul. dov.* with turpentine, in small doses, drops 10 and 15, every four hours. In some cases occurring amongst the old and feeble, and which had progressed to the stage of purulent infiltration, I found the cod liver oil, along with quinia and wine, to act most admirably."

Dr. T. D. Washburn makes the following statements: "The treatment in this locality varies somewhat. A few use the lancet, but *more* I think do not; some use quinine largely, and they affirm with much success; while others seldom use it in any stage of the disease. An active, mercurial cathartic is generally indicated at the outset, succeeded by *nauseating* doses of *tart.* antimony, or antimony and *Ipecac.* combined. If this is not well borne, I combine it with laudanum. Oftentimes I find the disease under this treatment arrested, or so much modified by the third or fourth day, that gentle diaphoretics and careful dietetic regulations for a few days will complete the cure.

"Venesection is frequently demanded; in the young and robust, who have a bounding pulse and tumultuous action of the heart, it should be pushed to syncope in the first stage of the disease. The cases that do not give way by the fourth day, I find, receive much benefit from a large blister over the seat of the disease. When expectoration is too profuse, and I have a constantly moist surface to contend with, I use the turpentine emulsion, combined with cinnamon, camphor and laudanum, and occasionally quinine. I never use quinine in this disease, ex-

cept in the latter stage, unless there is a distinct intermission in the fever."

Dr. O. J. Herrick says that he is fully satisfied that the antiphlogistic treatment of pneumonia is wrong in this country. He resorts to the use of quinine early in the disease with satisfactory results.

This is a disease that is usually positively diagnosed, and our treatment ought to be equally positive and satisfactory. Experience and careful observation will make it so, if we seek for truth, and nothing but truth. The pathology being fully understood, and the diagnosis positive, careful observation and experience will wipe out all discrepancies in treatment, and make its therapeutics equally satisfactory. Even now, we find the variations in treatment are generally referred to the complication, and not to an imperfect knowledge of the disease itself.

In the Wabash Valley we frequently find pneumonia existing in a patient who is laboring under the influence of miasmatic poison, thus giving us a satisfactory explanation for the good effects of quinine; but we do not presume that those who understand the therapeutical properties of quinine will contend that it will control an inflammation. For what purpose, then, is it given in the first and second stages of this disease? not to cure the lungs, but to neutralize the poison that may be in the system, and thus remove a complication. This is a grave malady, and frequently destroys life in spite of medical skill. From thirty years of age, onwards, the mortality increases, and the previous occurrence of the disease greatly increases the danger. We have never known a case recover from the fifth attack, and but few survive the fourth. The treatment must be accommodated to the different stages and the disorders with which it may be complicated. In the congestive stage we apply sinapisms to the epigastrium, dorsal spine and extremities, and give internally sub. muriate 8 grs., ipecac. 3 to 6 grs., one powder every hour until two or three doses are taken. In six or eight hours after last powder, we give oil or senna and salts. After this operates, if there is remission in the fever, we give quinine and opium. We use as an expectorant *tinct.* sangui-

naria and liquorice. In the stage of inflammation we use a solution of *tart. emetic* in *spts.* nitre, and give from two to four powders of calomel, *ipecac.* and opium, every twenty-four hours, and apply a large blister to the seat of pain. If we are satisfied that there is a complication, with remittent fever, which is evinced by a regular, well marked remission in the fever, we use quinine in each remission. In the stage of purulent infiltration, we give a stimulating expectorant, composed of senega squill and carb. ammonia, also quinine and wine.

Our limited experience in the use of veratrum viride, induces us to believe that it will prove an invaluable remedy in the treatment of this disease.

TYPHOID FEVER.

From all the evidence your committee have been able to obtain, it seems to be rendered certain that typhoid fever, or a disease closely allied thereto, prevails to a considerable extent in the Wabash Valley. During a practice of sixteen years in this county, your reporter, until within the last five or six years, did not believe that this fever prevailed in this locality as a distinct disease, but we now have a disease that suits well the description of typhoid fever given by Drs. Wood, Bartlett and other distinguished writers. Many of the symptoms of this fever are frequently presented in bilious remittent and pneumonia. One fact we have observed, is, that in localities where intermittent, remittent and pernicious fevers prevail *extensively*, we have less typhoid than in localities where there is but little miasmatic poison.

The disease we are about to describe does not appear to be contagious; even nurses do not seem to be in danger of contracting it. If this fact was fully established, by extended experience and observation, would it not aid materially in setting at rest the question of the non-identity of typhus and typhoid? That this disease is often confounded with typhoid pneumonia, and the typhoid grades of bilious fever, we have no doubt. We may have this adynamic or typhoid element in many diseases, but it would not be proper to pronounce all such diseases typhoid fever. We might enumerate many

diseases that possess certain very prominent and important elements in *common*, while, at the same time, we have no difficulty in separating them into distinct individual species.

Dr. S. W. Thompson, in a very interesting communication, gives us the following description of a disease that prevailed last year in Clay County:

"Typhoid fever prevails far more extensively in this part of the State than it did a few years since. Indeed, this disease, so far as I can learn of surrounding physicians, who have been practising here for some years, was almost or entirely unknown until within a very brief period. Of late years, however, cases have occasionally shown themselves; but never so far, as I am aware, did it make its appearance in anything approaching to either an endemic or epidemic form until last summer and fall, when it, or a fever so closely allied thereto that the difference was to me inappreciable, prevailed so severely and so extensively in the town of Xenia as to deserve the term of endemic. It did not extend in this shape to the surrounding country, although many cases, perhaps a much larger number than in any one season before, occurred in my practice and that of other physicians.

"The prevalence of a fever of this kind in Xenia may perhaps be partly accounted for by the fact of a large amount of animal matter, 'the offal from a pork house,' being allowed to remain and decay there, so that the whole atmosphere seemed to be impregnated with the unwholesome and offensive effluvia arising therefrom.

"This view of the etiology of the fever is somewhat confirmed by the fact, that almost every case of sickness of any kind, even common remittent attacks, within the town, rapidly assumed an adynamic or typhoid grade or character.

"The situation of Xenia is on a high prairie, well supplied with good water, with no swamps, marshes or creek bottoms in its vicinity, and had hitherto enjoyed the character of being exceedingly healthy; I, therefore, can account for the visitation of a disease of this character upon no other ground whatever.

"The symptoms of these attacks were as follows: General malaise and loss of appetite, frequently accompanied by diarrhœa

for several days before the patient complained of being unwell; dull headache in the extreme front or back part of the head; slight fever, with bad taste in the mouth, and excessive weakness and prostration came on, so that the patient was now compelled to take to his bed, reluctantly believing he was really ill.

"Upon being called at this time to see a person attacked in this manner, I usually found his condition to be as follows: Said he did not think he was much sick; had dull headache; bad taste in his mouth; felt very weak, and looked haggard; pulse about 100, small and weak, but thready; countenance looked dusky, surface rather hot; some diarrhœa, discharges yellowish green and very thin; tongue slightly coated with a whitish fur, edges red and fiery; (sometimes, however, this organ was very clean and red: such cases were invariably severe from the time the patient took to his bed until convalescence or death took place;) some pain in the back; urine deficient. Upon an examination of the abdomen, I found nothing unusual except in the right *Illiac fossa*. Upon pressure here, the patient would complain of slight pain, and upon pūtting the ear to this region, whilst pressure was firmly made, a gurgling sound could be distinctly heard. These symptoms continued with more or less intensity for a period of from four to eight days; about which time, the tongue would become dry and cracked, abdomen tympanitic and universally tender; stools frequent, usually retaining much the same character as at first; sometimes, however, they were very dark, and sometimes tinged throughout by blood, which was passed in great quantities in such cases; pulse small and thready, about 120; low, muttering delirium; *sordes* on the teeth; the patient continually desiring to get out of bed, in his efforts at which he would use all the violence of which he was capable. About the eighth day, *patechia*, and in some instances *vibices* made their appearance upon the abdomen and lower part of the chest and inside of the thighs; but the appearance of these was by no means constant, and in only a few instances could I discover sudamina. Profuse cold perspiration not unfrequently occurred at intervals throughout the attack, but I never noticed them to

be indicative of a critical period in the disease. Retention of urine frequently occurred, and the latter stages, at which period dullness of hearing and a half comatose condition, with marked sub. *sultus tendinum* came on. *Decubitus* on the back. When a favorable change in the disease took place, the discharges from the bowels became less thin and frequent, fever less, pulse more slow and even, tongue began to clean off, and a warm but gentle perspiration was set up. The patient seemed to awake as from a troubled dream, often retaining no recollection of anything that had transpired since he was taken ill. The period at which this change took place was from the ninth to the twenty-first day."

It is vastly important, at an early period in this disease, to be able to distinguish it positively from a typhoidal state of the system; unless this can be done, we cannot arrive at a satisfactory diagnosis.

Every physician must desire to be able to distinguish this disease from all others, by evidence independent of lesions found after death. The foregoing are undoubtedly the characteristic symptoms of typhoid fever; and it seems where they are all present there is no possibility of mistaking the disease; but in the first few days after the access of the disease, many of the characteristic symptoms are not present, and a positive diagnosis cannot be made out. The early symptoms, such as heat, thirst, loss of appetite, accelerated circulation, pain in the head and limbs, are common symptoms in many other febrile affections. Thus, the great and important diagnostic element in the treatment of this disease is doubtful, an element on a full knowledge of which alone depends the certainty of our therapeutical agents.

We have received a lengthy paper from our old friend, Dr. Benj. A. Allison, of Spencer, Indiana, and will present his description of typhoid fever in his own peculiar conversational style. He says in relation to this fever:

"The symptoms, as I have seen the disease, do not materially differ from those laid down by late standard authors; the peculiar eruptions, enlargement of the spleen, diarrhœas, bleeding at the nose, ringing in the ears, sudamina, and injected eyes,

occurred in about half the cases I have treated. Frequency of the pulse disturbed and unrefreshing rest, headache or tightness across the forward, and tympanitic distention of the bowels, occurred oftener; but one of the most important considerations in this disease is to detect it in its early stage, so that the strength and vitality of the patient shall not be sacrificed in an attempt to speedily remove an affection that seems destined to have pretty much its own time and too often its own way. I have usually been tolerably successful in distinguishing this disease in its commencement, but, if I were called upon to fully explain the process by which I arrive at my conclusions, I might not in some instances be able to give more satisfaction than the *boys* do when they explain things by "*feeling it in their bones.*" The *absence* of symptoms, or rather of marked symptoms, is a leading trait of the first stage of this disease. And this is a point that should engage the physician's attention. I am tempted to try and commit to paper, as near as I can, the mode by which I would detect an attack of this fever in its first stage, and for this purpose I will summon to my aid the case of a worthy young man, whose untimely end was so regretted that all the circumstances of his sickness are fresh in my memory. The patient shall speak for himself. First visit.—"How long have you been sick, John?" "O, I can't say that I am sick; I have not been to say well for eight or ten days, but I've not been confined to my bed but little of the time." "Have you taken any medicine?" "A dose of pills three or four days ago." "Did they operate?" "Yes, very much, and my bowels have been a little loose ever since." "Any headache?" "No particular headache, but a feeling of lightness about the forehead." "Sleep sound and refreshing at night?" "Can't say that I do, I sleep pretty much all night but it don't appear to do me as much good as natural rest." "Any appetite?" "Don't know that I have—eat a little every day when they bring it to me, but could do just as well without it." "Bad taste in your mouth?" "Not very." "Let me see your tongue." Find it very slightly coated with a delicate white fur, with clean edges. "Any thirst?" "None of consequence." "Sweat any?" "Mother gave me some tea

a day or two ago, after which I sweat some, but not any since, I believe." "Have any chills?" "No particular chills, but sometimes feel inclined to tuck the bed-clothes round my neck." "Any fever?" "Can't say that I have; feel little warm and restless at times." "Urine high colored?" "Not very." "Any difficulty in passing it?" "None." "Any pain or uneasiness in your bowels?" "I believe not." "Well, tell me now what pains or other symptoms you have that distress you most." "I have no particular pain or distress; I don't think much is the matter with me." Abdomen examined but no additional light elicited; his skin slightly sallow—a common symptom in nearly all the diseases of our locality; observed a little disposition to cough occasionally, and to take a longer breath than usual now and then.

Ascertained upon close inquiry that there were very obscure remission in the symptoms.

Now for the diagnosis. Here is a case without a single positive symytom. Is it slight functional derangement that afflicts him? Certainly not, for he has taken as much nourishment daily as some dyspeptics take who keep on foot, laboring and suffering ten times as much; and yet he is now confined to his bed, or, at any rate, cannot sit up without feeling more or less fatigued, and this debility is an important fact, for it cannot be reconciled with the rational and physical symptoms; neither have the discharges from the bowels been sufficient to produce it. So, here we will make our point.

Is it a case of marked intermittent fever? No reasons to believe it is, for there is too much uniformity in his feelings. Is it an obscure and mild attack of the remittent fever? It is still too uniform; besides it has not progressed fast enough; but yet the main point to be decided is whether it is of the latter variety of fever or a typhoid. The effects of medicines will be of considerable use to us here. We will give him pulv. Ip. comp. in 2 grain doses every two hours; enjoin him to remain quiet, with sufficient bed-clothes on him to make him feel comfortable; give him toast water as a drink, and between the second and third powder bathe his feet in hot water by placing the bathing vessel under the bed covers. If this course pro-

duces a gentle perspiration, with a quietness of the whole system, and a disposition to sleep, we will follow it with enough quinine to break up an ordinary intermittent. The course is carried out and we again visit him.

"How are you by this time, John?" "I don't think I'm quite as well as when you saw me yesterday morning; I was very quiet and moist when I commenced taking the second medicine you left, but after the second dose I became dry and little feverish, and havn't felt so well since."

Here is another point. Had it been a case of common remittent fever the quinine would have likely acted in conjunction with the first course, and would have prolonged and increased the perspiration to a copious sweat. But we will not follow the case through; sufficient to say that I pronounced it a case of typhoid fever on my second visit, and was more than suspicious of it at the start.

He died the twenty-ninth day after my first visit.

Dr. York, of Paris, Ill., does not think that typhoid fever has increased in this locality, but he occasionally meets with the disease. He firmly believes that the number of cases are multiplied by incorrect diagnosis, but does not point out the manner in which he distinguishes it from other analogous affections.

Dr. T. D. Washburn, of Lawrenceville, says that typhoid fever is on the increase in that county, at least in some localities, but in the town it has never gained a residence. The village is situated on the Embarrass river, with much low bottom land, a locality favorable for the prevalence of malarious diseases.

We will refer to some of the facts in relation to this disease, presented in the very able report of Dr. S. Thompson to the State Medical Society in 1856.

Dr. J. O. Harris, referring to Ottawa and vicinity, which it will be remembered is situated on the Illinois river, at the mouth of Fox river, necessarily a malarious district, says: "The cases called typhoid that I have seen have invariably lacked the characteristic features of that disease. Our fevers (as I view them), gradually assume a graver type from Septem-

ber to January, but always present unmistakable evidences of intermittent and remittent fever, and usually yield wholly or in part to the use of quinine or its equivalents. When treated according to the views above expressed they usually recover, but when treated as typhus or typhoid more than one-half die."

Dr. Vance who resides in Stark county, some distance from the main water courses of the county, says: "Typhoid fever has been a common disease among them for years." The doctor does not give the symptoms.

Dr. N. S. Davis, of Chicago, states that almost invariably typhoid fever steals upon its victim slowly. "He first feels dull and indisposed to active mental or physical exertion, his head feels dull, slightly aches or feels as if bound up tight, he has wandering pains in the back and limbs, occasionally liquid discharges from his bowels, his appetite is variable, and his sleep is often disturbed. These symptoms gradually increase for one or two weeks before the patient finally gives up and takes his bed, and when he does so his skin is dry but moderately hot, his pulse is 85 to 100 and less forcible than natural, all his secretions are diminished except from the mucus membrane of the illium, which generally gives rise to from one to six thin evacuations per day, his tongue is covered with a thick dirty white fur and red along the edges, his intellect is dull and disposed to wander when he is sleeping. The capillary circulation upon the surface is sluggish; in a word, all the organic actions are like the mind of the patient, dull and indifferent."

Dr. Rayburn, in his report to the American Medical Association, says: "Typhoid fever is on the increase in Missouri." The editor of the American Journal thinks the remark will hold good in almost every section of the United States. Dr. R. is of the opinion that in St. Louis this fever is superseding to some extent the epidemic billious fevers. This is also true in relation to the Wabash valley. We agree with Dr. R. that billious and typhoid fever are often so interfused as to render it almost impossible to determine which form of fever predominates. We have thought for several years that the two diseases oftentimes do exist in the system at the same time.

One fact we have noticed is, that in districts strongly im-

pregnated with miasmatic poison, when we have typhoid symptoms, they are more *violent* at the commencement of the attack than in localities where there is comparative immunity from this poison, and the violent symptoms yield more readily than when they come on by a slow insidious process. When a patient gets sick by degrees, at the commencement but little evidence of disease, but a gradual getting worse, and in ten or fifteen days we have a delirium, subsultus, a dry cracked tongue, and other alarming symptoms, his chances of recovery are not as good as they would be were these symptoms present at the outset of the disease.

Your reporter has seen quite a number of cases within the last five or six years that are accurately described by Drs. Davis, Allison, and S. W. Thompson, while at the same time we have seen many cases of remitting fever in which a typhoidal element existed; but it is vastly important that we be able to distinguish this complication from the typhoid fever.

The diagnosis in enteric fever during the early stage of the disease is often attended with doubt and uncertainty. We may frequently avoid these errors by strictly observing the most characteristic symptoms of the disease at the beginning. Its mode of attack is generally slow and insidious with moderate diarrhœa, mental and muscular debility; soon afterwards we have a dull heavy expression of the countenance, face very red, bleeding at the nose, bronchial rale and cough, tongue white: in six or eight days we have a dry tongue, imperfect secretions, sudamina, rose-colored eruptions, tympanitus, deafness, stupor and delirium. In bilious fever, a disease with which it is most frequently confounded, we find yellowness of the skin, bilious vomiting, a distinct and regular remission of the fever, tongue brown, epigastric uneasiness, jaundiced urine; and if we have a typhoid element in the disease, to these symptoms are superadded dry and cracked tongue, subsultus tendinum, tympanitis, dullness of hearing, stupor and delirium.

From the symptoms above given it is very evident that in the beginning of the disease we should avoid a hasty decision, but at a more advanced period it seems that we have a group of

characteristic symptoms that enable all observing physicians to make out a positive diagnosis.

TREATMENT.

Dr. S. W. Thompson remarks in his letter to your committee that his treatment is somewhat expectant. He says: "My ordinary treatment was to give, after the administration of some mild emetic, small doses of cal. ipecac and quinine every three or four hours, with cold sponging of the surface, and spirits of ether, nit. or spts. mindereri every two hours. In cases in which the nervous symptoms, manifested by subsultus, &c., &c., greatly predominated, or were very prominent, I gave the *mist. camphora.* in place of the above."

The *mist. camphora.* was, with me, a positive remedy during latter stages of the disease. The mercurial I continued no longer than gently to touch the gums, as evinced by a spongy condition of them, and an increased flow of saliva as shown by a moistened tongue, and subsequently reverted to its use as circumstances required. The ipecac I administered in as large doses as would be tolerated without producing emesis, and this, with the quinine, was persisted in nearly throughout the disease. Where great nervous irritability and restlessness existed I used the *pulv. dov.* with camphor as follows:

Pulv. Dov., -	gr. V.	every 2, 3 or 4 hours
Camphor, -	gr. iss. ii.	pro. re. rata.

In the early stages of the disease, to control the diarrhœa, I used some gentle astringent, as

Plumb. Act. -	gr. iii.	every 3 or 4 hours.
Tannin, - -	gr. ii.	
Opium, - -	gr. 1-4.	

In the more advanced stages, however, I depended upon turpentine—gtts. x. or xx. every four hours—until its further use was contra-indicated by the occurrence of cystic irritation; when dangerous hemorrhage took place from the bowels I administered this remedy in half-drachm doses as often as circumstances seemed to require. In one case in which the patient discharged over a pint of blood every half hour for several hours, until she became almost bloodless, I gave it in ʒj doses every twenty minutes with entire success, and without any sub-

sequent inconvenience. I must mention here, that apart from the use of turpentine in controlling the diarrhœa, in which I found it superior to all other remedies, I found it an invaluable remedy in overcoming the peritoneal tenderness and inflammation occurring in the latter stages of the disease now under consideration.

Allow me here to give you the treatment in full of one case, as, apart from its nature, there were peculiarities in the treatment instituted which may be of interest to others, as it was to me. The subject was a youth aged 16 years, previously in good health. The attack was at the commencement such as I have before described, and in spite of treatment progressed from bad to worse till the fourteenth day, at which time his condition was as follows:

Case.—Constant fever, pulse 120 small and thready but rather hard, frequent discharges from the bowels, abdomen excessively tympanitic, considerable peritoneal tenderness and gurgling upon pressure in right *Illiac fossa;* he is drowsy and lies with his eyes only half closed, is with difficulty aroused, low muttering delirium with hurried respiration, when aroused constantly desired to get out of bed, subsultus tendinum with tongue red at edges but the center and back part dry, deeply fissured and covered with a brown coat, sordes on teeth. Profuse perspiration would occasionally take place. As the disease had resisted all ordinary remedies and death seemed inevitable, I determined, without any sanguine hopes of the result, to try the sulph. quinine in full doses. (At this time I had not seen anything recommending such a course in the advanced stages of typhoid fever, but I shortly afterward found that I had overlooked a communication on this very subject, published in Braithwait's Retrospect, No. 28, page 22).

I accordingly gave as follows:

Quinine, ℈jii.
Potassa Nit., ℈ji. } Cht. No. viii.; 3 hours apart.
Ipecac, gr. x.

With turpentine, gtts. xx., between each powder. The first dose or two produced some nausea, but not to the extent of emesis. In twenty-four hours his condition was much improved,

as follows: Tongue moist and not so fiery at edges, less drowsy but sleeps quietly, pulse 100 soft and full, fever much less. As symptoms of cinchonism now appeared, I desisted from the use of quinine, continuing the other remedies with mist. camph. At the expiration of six hours, however, the unfavorable symptoms again made their appearance, and I recommenced the use of the quinine, and this time was enabled to desist from it much sooner. I was, at the end of twelve hours further, induced to use it again, but this time three doses as above sufficed, and convalescence immediately set up, which, with the assistance of wine, &c., was far more rapid than could have been anticipated. Since then I have instituted the above treatment in several bad cases of typhoid fever, and the result has been encouraging.

In this description of the fever now under consideration I have spoken of and described the most aggravated cases; and in speaking of the treatment I have given but the leading features, thinking not to weary you still further by uninteresting details. Some few cases seemed to be stopped in their outset by the abortive treatment with large doses of quinine; but the premonitory and even commencing symptoms of typhoid fever are not sufficiently well understood, in my opinion, to make a diagnosis absolutely certain and positive at this early stage.

Dr. B. A. Allison says: "After I have made up my mind that it is a case of typhoid fever I have to deal with, I pursue a cautious unoffending course. But as I have no specific, nor any favorite course of treatment to which I attach particular importance I will merely make mention of some remedies that I have at least had no cause to complain of:

"An occasional mild laxative, such as rhubarb, senna, magnesia, oil with a little turpentine, or small portions of calomel rubbed up with gum arabic, warm bath (always administered in the horizontal position), particularly in cases where there is no latent affection of the lungs or bronchia, frequently sponging the surface with tepid or cool water, as is most agreeable, and when there is considerable restlessness, with wandering pains or uneasiness in the limbs, I use alcoholic spirits instead of water; would be sparing of spirits, however, if there was considerable cerebral disturbance; an occasional course of pulv. ip. comp. in

small portions, light poultices to the abdomen, camphor water, Hoffman's anodyne, turpentine emulsion, &c., &c. In the latter stages, where the patients have been low, I have used externally all over the surface an infusion of cantharides in spirits of turpentine. In cases where the bowels appear to be the focus of morbid action, I use anodyne and mucilage injections; also use in certain cases nitrate silver, sulph. zinc or sulph. copper by injection. I lay as much stress on the nursing as anything else; and for the rules to govern the physician in this department, I would advise a perusal of Armstrong's practice, an old work, out of date, but yet containing some of the best general directions for managing or nursing low forms of fever that I have met with."

Our own experience does not favor to any considerable extent the use of quinine in this disease. If it is complicated with bilious remittent, quinine may be given with advantage. We usually begin the treatment with a moderate mercurial purge; blue mass is the best. After it operates, if there is remission in the fever, we give a few doses of quinine, opium and ipecac. We use pretty freely senega tea, and sponge the body frequently with saleratus water. In two or four days, if the tongue is dry, we give minute portions of calomel, ipecac and opium every two hours for twelve or twenty-four hours; after which we use oil and turpentine to move the bowels. When the pulse is frequent we combine with the powder, cimicifuga racemose with the most happy effect. After repeating the calomel powders once or twice, if the tongue continues dry, we use the turpentine in a solution of gum arabic, x. or xii. drops every three or four hours. For subsultus we prefer ammoniated tinct. of valerian. We use turpentine externally and hop fomentations. For diarrhœa we find opium and acetate lead the best remedies. In the latter stage we use wine freely, and frequently some tonic infusion, such as camomile or cinchona. We keep up the temperature of the surface with hot bricks and mustard plasters. The disease cannot be aborted, and it is desirable for the physician to husband the strength of his patient. We have never seen a case where we thought bleeding would be admissable. Blisters to the abdomen are not benefi-

cial; but frequently, when the delirium is great, they exert a good effect when applied to the nape of the neck. Our treatment is designed to meet the symptoms with the best known remedies, without even a hope or expectation of aborting the disease. A remedy that will arrest it may exist in nature, but it is left for future observation and experience to point it out. We have tried the veratrum viride in a few cases where the pulse was 130 to 150. The remedy diminished the frequency of the pulse, but did not arrest the progress of the disease; but still we have reason, from our little experience in its virtue, to hope that it will prove a valuable agent in the grave form of this affection, and all other diseases where it is desirable to control the action of the heart.

The important indications in the treatment of this disease are to have free ventilation of the room, keep the patient clean, nurse well, allay excitement, prevent the development of local inflammation, and at the same time support the patient's strength.

DYSENTERY.

For the last two years your reporter has not seen many cases of this disease. In the autumn of 1851 it prevailed in an epidemic form in the vicinity of Prairieton, about twelve miles from this place. About one-half of those attacked with the disease died. The fatality was greater among infants than adults. The symptoms were pain in the bowels, frequent bloody mucous discharges, amounting sometimes to ten or twelve per hour, tenesmus, fever, frequently bilious coat on the tongue; in the advanced stage the stools had a peculiar odor; tympanitis and great pain on pressure over the track of the colon; the stools in the last stages resembled the washings of flesh. The treatment adopted by the physicians in that locality was principally mercury and quinine. They considered it connected with the ordinary bilious fever, and produced by the same cause. In the fall of 1852 the same disease visited this side of the river, about ten miles south of Marshall, in a malarious district, and in the district where it prevailed in 1851 they had no cases. Your reporter visited many of these cases, and found by experience that the opiate treatment is abso-

lutely necessary for the successful management of this disease. Under no circumstances, after the first two or three days from the access of this disease, could we be induced to administer cathartic doses of mercury, and we have doubts in relation to the propriety of giving it in minute doses. Our chief reliance was in opium and saline cathartics, with injections of acetas plumbi and morphine, to relieve the distressing tenesmus.

In 1853 the epidemic visited Marshall, and we found no cases in the localities where it had prevailed the two preceding years. Many children died with the disease, but there were but few deaths in persons over the age of six years. The cause of this we attributed to the fact that in children we could not administer the opium in sufficiently large doses to control the inflammation.

In 1854 the disease prevailed north and west of this place, and presented very much the same character that it did here and south of us, and we adopted the same course of treatment.

In the fall of 1855 the same disease prevailed at Paris, Ill., sixteen miles north of Marshall, and we have a very interesting account of it published in the "*North Western Medical Journal*," of July, 1856, by Henry W. Davis, M. D.

The doctor attributes the cause of the disease to malaria. He says: "It not only appears to be completely under the sway of miasmatic poison, but it may be said to be the direct effect of it." Our experience is not very favorable to the doctor's theory. We are not prepared to say that malaria has any particular agency in the production of this disease. It may exist in connection with intermittents or remittents, but if the disease is produced by miasma, how will we account for its migratory character? Since 1853 we have hardly had a case in this locality, while at the same time we have had, at least in one season, a superabundance of malaria. If the disease is produced by this cause, why is it not a common disease in the Wabash valley?

It may be proper to state that in some cases of this affection, where there was an intermission in the fever and other symptoms indicating its connection with our ordinary bilious fever, we found quinine beneficial. Your reporter had a severe attack

of the disease, and had a good opportunity of testing the efficacy of opium as a remedy, and he feels confident that without it he would not have survived. We look upon it as a *sine qua non*, in the treatment of this distressing and grave affection.

ARTICLE II.—*Cook County Medical Society.*—Meeting for June, 1857.

Society met pursuent to notice at the office of Drs. Johnson, Andrews and White.

The President, Dr. N. S. Davis, being absent, Dr. Edmund Andrews was elected President pro tem.

Minutes read and approved.

Drs. W. S. Dennison and P. J. Wardner were proposed and elected members of the Society.

Under the head of reports from committees no reports.

A paper was then read by Dr. Coatsworth, on a case of face presentation, rendered such by premature rupture of the membranes. By means of the vectis the position was changed, and the delivery completed by the vertex.

Dr. Davis in the chair.

Dr. Paoli reported a case of gun-shot wound of the chest.

Dr. Geo. K. Amerman then reported the following very interesting cases of cerebro-spinal-meningitis:

I have recently attended three cases which were to me exceedingly interesting. From the comparative infrequency of the disease, the obscurity of its true nature, and also the probability of other members having had similar cases, which will enable us to compare notes, I beg leave to present to the notice of this society a brief outline of the symptoms and treatment. For the want of a better name, as well as from a predilection in my own mind, I have called the affection "Cerebro-spinal-meningitis." The histories of these cases, from the ignorance of the parties from whom they were obtained, are imperfect and incomplete; however, I hope to be able to present them in such form as to demonstrate some of the peculiar characteristics of the affection. Besides the three cases which have come directly under my own supervision, I have heard of one other, which,

from its similarity, I believe to have been of the same nature, and shall consequently give a brief account of its most prominent symptoms, which I obtained from the father subsequent to the death of the child.

I was called to the first case on Thursday, April 2d, early in the forenoon. The patient's name was Ellen Galivan, aged two years; had previously enjoyed good health, but was evidently of a scrofulous* habit. From its mother I obtained the following account of its present illness: On Saturday, March 28th, she was seized with vomiting, and pain in the stomach. The matter vomited consisted apparently of the food without having underwent the slightest change, and was ejected with great ease and without nausea. The next day (Sunday) she was as well as ever, but on the day following (Monday) she was again taken with vomiting, and some febrile reaction. In the evening she was restless and fretful, and would occasionally scream from a severe cerebral pain. On Tuesday the fever increased, and the head was slightly drawn back. On Wednesday little change was observed. On Thursday, April 2d, five days after the first appearance of the affection I was called. I found her with a rapid pulse, hot skin, furred tongue, urgent thirst, and extreme restlessness. The bowels had not moved since the invasion of the attack, though several mild cathartics had been given by the mother. The urine was scanty and high colored; eyes very bright, otherwise natural; head far drawn back with inability to bring it forward; pain on pressure over the cervical vertebra or on the slightest movement of the head; at times she would rise in bed and scream from the intensity of the cerebral pain, which seemed to be paroxysmal.

I directed three leeches to be applied to the nape of the neck, a cathartic, and three grains of iod. of pot. every two hours.

On Friday. April 3d, I found my patient in nearly the same condition. She had slept none during the night, the pain and fever remaining the same as on the day previous. Bowels still constipated, and head far drawn back.

Ordered croton oil, a blister to the neck, and continued the potash.

On Saturday, Apr. 4, much improved. Febrile symptoms less

active, and pain entirely disappeared. The oil produced a free movement of the bowels, which afforded great relief. Blisters drew well. The head could be brought slightly forward without producing much pain.

Continue the potash.

Monday, April 6th, still improving. No fever; good appetite; slept well last night. Head still drawn back, otherwise no evidences of the disease. This morning Prof. Davis was kind enough to see my patient and give me the benefit of his valuable opinion in regard to it. He gave a favorable prognosis, and recommended a continuation of the potash with the administration of a cathartic, which should be in part tonic as well as laxative.

Wednesday, April 8, found my patient sitting up and quite well. The head is at times thrown backward, but is easily controlled by the patient.

I directed them to use the cathartic as circumstances required, and also recommended iron and glycerine.

The second case came under my charge on Saturday, April 11, five days after dismissing the first. This was also a child named Bridget Crowly, aged 11, born in Chicago of healthy parents, and having enjoyed up to the present time uniform good health. There was no scrofulous habit or other predisposition so far as I could ascertain. The following history I obtained from her mother: On Wednesday, April 8, she assisted in taking charge of her cousin (whose case I have given below) until her death, and then remained at the "wake" on Wednesday night. She was up all night, and the next day began to feel unwell. Her strength and spirits seemed, as she expressed it, "all gone." She had lassitude and general uneasiness, with a confused mind and drowsy disposition. During the day, and soon after the first onset of uneasiness, she began to vomit. The matter vomited was of a greenish color, and seemed to be expelled without effort or nausea. In the evening the head was drawn slightly backward. She slept none during the night, but was wildly delirious, talking of her school and cousin. The next day (Friday) she remained in nearly the same condition, except a gradual increase of constitutional disturbance, and an

occasional pain, with a greater tendency of the head to be thrown backward. The next day, Saturday, April 11, I was called. I found her with a rapid pulse, hot skin, coated tongue, urgent thirst, and complete anorrexia. The head was moderately drawn back, but could easily be brought forward. Eyes natural; pupils sensitive to light; bowels constipated; urine scanty. No constant pain, but at times a severe cerebral pain.

Ordered a cathartic, and blister to the neck.

On Sunday, April 12, found my patient much worse. On inquiry I found the mother had concluded the cathartic rather larger than necessary, and consequently had given only half of it, which had produced no effect. I then examined the neck, and in this also she had taken her own course. The blister, in her opinion, was too large for a child, and as one of her neighbors advised her to apply it to the nose instead of to the neck, she had compromised the matter by dividing it in two halves and applying one-half to each place. The symptoms were all aggravated, the febrile action greatly increased, the head drawn far back, and the pain at times excruciating. It was impossible to bring the head forward, but whether from spasmodic action of the post cervical muscles or from the pain occasioned by the effort I am unable to decide. There was no sensible muscular rigidity, and as the parts were painful on the slightest pressure, I am disposed to regard it as the most probable cause of the inability to flex the head.

Ordered croton oil, a small blister behind each ear, and iod. pot. in large doses. Keep the patient in a darkened and quiet room, allow her iced water to drink, and as long as grateful to her own feelings the application of cold wet cloths to her head, renewed every five minutes.

In the evening I called again, and found a decided change had taken place during the day. The oil pill, being rather small, the mother had given two instead of one (as I had directed), and the effect had been about twenty evacuations of the bowels, which had produced considerable prostration, decided decrease in the febrile symptoms, entire absence of pain in the head, and complete rationality. The head was still drawn back, and cervical spine tender on pressure. Pulse 130

and very weak; skin cool and moist; the blisters had produced no effect; no sensible effect from the potash.

Ordered them to continue the potash during the night, unless she slept, and then on no account disturb her.

Tuesday, April 14th, slightly improved; pulse 124; bowels constipated; no diuresis.

Ordered ol. ricini and terebinth. Continue the potash.

Wednesday, April 15th, improving; bowels freely moved, with the expulsion of several worms; pulse 124; head in same position; pain on pressure over the cervical vertebra, or whenever an attempt is made to flex the head.

Continue the potash.

Sunday, April 19th, head easily brought forward without pain; appetite good; sleeps well; complains of weakness.

Discontinue the potash and take quinine.

The name of my third patient was Dennis Crowley, aged 5 years, born in Chicago, brother of Bridget, and had previously enjoyed good health. During the winter he passed several worms, but had at no time been sick. On Friday, April 17th, nine days after his sister was taken, he began to feel dull and stupid. Instead of getting up that morning to take his breakfast and play, he remained in bed all forenoon, without, however, making any complaints of feeling unwell. In the afternoon he was seized with convulsions. Soon after he was visited by Dr. Gore, who administered a cathartic. Early the next morning (Saturday, April 18th), I visited him, and found he had had no vomiting, had slept some the previous night, and that his bowels were moved twice. His condition resembled a sound sleep. The limbs were flaccid, and when raised would drop as though they were perfectly useless. The eyes were partially opened and turned upward; pupils widely dilated and insensible; skin cool; pulse rapid and intermittent every fourth beat. All efforts to arouse him were perfectly useless, and his mother assured me he had been "struck deaf and dumb," which was about as plausible an explanation as I could give to account for the singularity of the symptoms. The head was slightly drawn back, but there was no cerebral or cervical pain. The absence of the vomiting, pain and fever, induced me to

regard it as different from the two preceding cases, and to attribute the cerebral symptoms to intestinal irritation.

With this view I prescribed an anthelmintic.

In the afternoon he was again seized with convulsions. I was sent for, and on my arrival found him rolling and tossing about the bed, his eyes fixed and pupils contracted. Active febrile symptoms had supervened, with occasional cerebral pain; pulse rapid and intermittent; head far drawn back, with inability to bring it forward; bowels costive. This sudden and unexpected change induced me to modify my opinion, and regard the affection as one of "cerebro-spinal-meningitis," similar to the two preceding cases.

Acting in accordance with this view I directed croton oil as a cathartic, a blister to the neck, and iod. pot. in large doses.

The next morning, Sunday, April 19, his condition had not materially changed. The oil produced a free movement of the bowels, and about one dozen large long worms had been expelled, but without relieving the febrile or cerebral symptoms. The head was still drawn far back, and the child exceedingly restless. Tongue dry and coated; pulse rapid and intermittent; skin hot; urgent thirst, and urine scanty. The blister had produced no effect.

I directed the potash to be continued, and a blister behind each ear.

Monday, April 20, very slightly improved. Slept some last night; febrile symptoms somewhat less active; pulse slower and not so regularly intermittent; patient still extremely restless, with occasional twitchings of the muscles of the extremities; cervical pain on pressure; head in same position. The blisters had produced no effect; and here I would mention, that owing to the superstitious ignorance of the mother, who acted as nurse, it was impossible to have him properly cared for. Nothing was done during my absence according to directions, and the medicine was frequently omitted entirely at night, and given irregularly during the day. To this neglect, in a disease of such rapid progress as cerebro-spinal-meningitis, we may in part attribute the inefficacy of the means employed to arrest it, and the inevitably fatal termination of the case.

On Tuesday, April 21st, he was considerably worse. The muscles of the extremities were in almost constant spasmodic action, breathing labored and difficult, deglutition almost impossible. My daily notes for Wednesday and Thursday, April 22 and 23, present nothing worthy of interest. The treatment I advised was the same as in the two previous cases, but for reasons already mentioned it had no effect. The cerebral pain and fever increased, the head became far drawn back, the limbs rigid and stiff, the eyes fixed, the hands clenched, and death occurred on Friday morning, April 24, seven days after he was taken ill. No autopsy.

The fourth case was the cousin of the last two patients, and was the first of the three who suffered from this disease. I did not attend the case, but obtained from the father a brief account of the most prominent symptoms. The name of the patient was Mary O'Brien, aged 11, born in New York of healthy parents, and had always enjoyed good health. She was seized on Monday, April 6th, at 2 o'clock A. M., with vomiting. At 4 P. M. a physician was called, who administered some powders, which checked the vomiting. Monday night she had active febrile symptoms, with delirium, cerebral and cervical pain. During the next day (Tuesday, April 6), she grew rapidly worse; the fever increased, she became very delirious, and had intense cerebral pain, with the head far drawn back, bowels obstinately constipated. She died the next day, Wednesday, April 8, three days after being taken.

The clinical phenomena of the above cases present so many features in common that I do not hesitate to express my opinion that the disease was in all the same, but from the small number of cases I cannot draw any inferences or conclusions. The only object in presenting this paper was to compare notes with the observation of others who may have had similar cases, as such a comparison and collection of cases only would justify any reasoning in regard to its cause, course, pathology, or treatment.

No. 63 Lake Street, Chicago.

After the reading of the above cases, Dr. Peterson read an

interesting paper on the œtiology of hemorrhoids, which will be further treated and discussed at the next meeting.

After the transaction of some miscellaneous business the Chair appointed Dr. Wickersham essayist at the next meeting, and as the subject of discussion, Cholera-infantum.

Adjourned to meet the first Tuesday in July.

THOMAS BEVAN, *Secretary.*

ARTICLE III.—*Case of extensive Injury, by Machinery, to the Upper Extremity.* By THOS. HALL, M. D., of Toulon, Illinois.

August 10*th*, 1855.—Called in consultation, after night, to see a young man, aged 20, who, two hours before, had been caught in the wheels of a threshing machine. Found him pale and faint, with a pulse rapid and scarcely perceptible. He had been caught about the upper third of the right forearm between cog-wheels, and that portion of the arm was completely destroyed. The arm then escaped to the upper part of the humerus; from that point to the axilla every muscle, blood-vessel, nerve, etc., was destroyed; nothing was left but the deltoid, and that was somewhat injured both on its anterior and posterior portions. The lower portion of the shoulder joint was ground off. The first and second ribs, immediately below the axilla, were partly ground through, and the third rib was bare, but not slenuded. Not a vestige of the contents of the axilla could be discovered. No pulsation could be felt in the subclavian artery, or, if so, so near to its origin as to be uncertain. I proposed, with the concurrence of the attending physician, to amputate at the shoulder-joint; but any operative procedure was firmly forbid by the young man's father. All necessary directions were given, and I left him for the night.

August 11*th*, 8 *o'clock A. M.*—His general condition somewhat improved. There had been no hemorrhage of importance during the night. But unless we would guarantee his recovery, his father still persisted in our letting him alone. It was now evident that the destruction of the soft parts covering the upper portion of the chest was added to the general mass torn

away by the machinery, and I felt somewhat thankful that the obstinacy of the father prevented me from forming a loose flap that could not possibly unite to any living portion of muscle. Desperate as the case appeared to be, I ventured, against the opinion of two other physicians, to give a favorable prognosis, having once seen, not at the time, but during its progress, a case of the same character, only a little more serious. At this visit I told the father, that when he consented to let his physicians control the treatment, if sent for, that I would come, but not till then. The next morning I was sent for, and amputated the humerus about two inches below its head, saving all the deltoid that appeared to have sustained no injury. There was no hemorrhage, and the young man felt better immediately afterward—asked for some pickled cucumber, which he was permitted to have, and the same evening was carried on a litter three miles to his father's house, expressing himself as feeling better for his ride. My health at the time was miserable. I did not see him again for six days, when everything was going on favorably. The wound healed by granulation, and he is now in good health. I have been concise, but I hope not too much so, in my description of this case. My motive in laying it before the society is to encourage my young brethren to give their patients the salutary influence of hope in every case that is not necessarily fatal, and to caution them against probing or disturbing a wound when no information can be gained by the procedure that can benefit the patient; but, on the contrary, fatal consequences might supervene from the disturbance.

BOOK NOTICES.

An Explanation of the Signs and Symptoms of Pregnancy, with some other Papers connected with Midwifery. By W. F. MONTGOMERY, A. M., M. D., etc., etc. From the second London edition; published by Blanchard & Lea, Philadelphia. For sale by Keen & Lee, Chicago.

The work now before us is a model of style and elegance, and shows the good taste of its publishers in an eminent degree.

The typographical appearance of this reprint speaks much in favor of the great change which has taken place in the getting up of medical books within the last few years. The colored plates representing the corpus luteum exhibit an accuracy and finish highly commendable to the lithographic establishment of Mr. T. Sinclair. The work is a good sized volume, containing over 500 pages, exclusive of preface and index, which are divided into thirteen chapters; each chapter comprising the consideration of several topics, subdivided and arranged in regular order.

Although a second edition, the present treatise may almost, as our author says, be considered a new book. Indeed, enough has accumulated since 1837, the date of the former edition, to render it necessary, in order to present a complete work, which should represent our actual knowledge on this subject, to make many new additions and modifications.

Chap. 1. "General Observations on the State of the Female System during Pregnancy." This chapter is given preparatory to entering more fully into the detail of particular signs, that we may the better understand and appreciate their true significance and import. The changes produced in the female system during pregnancy, are well known to give rise to various mental and physical phenomena, which require no great effort to be comprehended and explained on well established physiological and pathological principles. That part of the chapter which treats of the increased susceptibility of the nervous system and mind of the pregnant woman, especially as regards impressions made by external objects, and the influence thus exercised on the physical organization and mental constitution of the child, and also, the relation existing between pregnancy and disease, is discussed with more than usual interest and benefit. Dr. M. does not hesitate to deny the foolish absurdity of the popular doctrine that effects are produced on the child by the mother's imagination, or to maintain his belief that powerful impressions on the mother's mind or nervous system may injuriously affect the fœtus still lodged in its mother's womb. To illustrate by example the effect of this mental influence on the child, he has given the details of several cases, two

of which occurred under his own observation, and are of so much interest, that we beg to rehearse them.

Case 1. A lady, pregnant for the first time, to whom was recommended frequent exercise in the open air, declined going out as often as was thought necessary, assigning as her reason that she was afraid of seeing a man whose appearance had greatly shocked and disgusted her; he used to crawl along the highway on his hands and knees, with his feet turned up behind him. Dr. M. afterward attended this lady in her confinement, and her child, which was born a month before its time, and lived but a few minutes, although in every other respect perfect, had its feet malformed and defective in the same way as those of the cripple who had alarmed her.

Case 2. Mrs. A., the wife of a clergyman, came to town for her confinement, being very uneasy in her mind from an apprehension that her child would be born with a deformed hand. Her anxiety was induced by her having seen, during her pregnancy, a child with one of its hands deformed in such a way that it affected her mind very strongly, and produced the impression that her yet unborn infant would be similarly affected. Very soon after her delivery she expressed an anxious wish to see her child, which was brought to her wrapped up in a flannel in the usual way. She instantly drew out the child's arm, and exclaimed, with a look and tone of horror, "Oh, the dreadful hand!" and there it certainly was, with exactly the same deformity as that which had excited her disgust and terror several months before. No explanation is given to account for these singular phenomena, though of their occurrence no doubt can be entertained. A more singular, and just as inexplicable a phenomenon is mentioned still further on in this same chapter. It is this:

Certain peculiarities of the male parent may be transmitted to the subsequent offspring of the same woman, begotten by another man; for instance, suppose a white woman to be first impregnated and have a child by a negro, and afterward have another child by a white man, it is more than probable that this second child will exhibit certain peculiarities belonging to the negro. In view of this fact Dr. M. asks, is it possible that a

morbid taint, such as that of syphilis, for instance, having been once communicated to the system of the female, may long linger there, and influencing several ova, continue to manifest itself in the offspring of subsequent conceptions, when impregnation has been effected by a perfectly healthy man, and the system of the mother appearing to be at the same time and for a considerable period previously quite free from the disease? His opinion he gives in the affirmative. Two cases in point are given, one from Vidal, and one from Cazenave.

The remaining part of this chapter comprises the consideration of the relation between pregnancy and disease. It contains many important practical remarks on this subject, which deserve the careful consideration of the medical accoucheur. No one who has ever practised extensively but has often noticed the effect produced on all forms of disease occurring during gestation. The effect of pregnancy on phthisis has long attracted the attention of the profession, and called forth many an animated discussion in high places, but still remains unsettled. Dr. M. believes that those predisposed to phthisis, but who are not actually suffering, will be benefited by pregnancy, but on the other hand, where the disease already exists and has made some progress, injury will accrue from such a state.

Chap. 2. "Investigation of the Signs of Pregnancy—Legal and Social Relations—Different Sources of Evidences or Proofs of that State—Classification of Signs."

The importance of being able to decide on the existence or absence of pregnancy is among the first on the list of professional duties requiring a thorough knowledge and aptness in applying it. But if it is important, we must at the same time admit that it is difficult. When we read of such men as Corvisart and Baudelocque examining a case, and one pronouncing it encysted dropsy, and the other cancer uteri, and soon after the patient gives birth to a healthy child, we can easily conceive of difficulties only to be surmounted by a thorough understanding of the signs which indicate such a condition. Dr. M., though admitting this difficulty, believes mistakes arise far less from this acknowledged difficulty of the investigation than from the want of proper information, and the careless way in

which examinations are conducted. He divides the symptoms into three classes—first, *presumptive;* second, *probable;* and third, *positive.* The certain or unequivocal symptoms are also three—first, active movements of the child unequivocally felt by the mother; second, its presence in utero ascertained by ballottement; and third, the pulsations of the fœtal heart. These signs, however, are unequivocal only in the affirmative, as their absence would not be proof positive of the non-existence of pregnancy.

Chapters 3 and 4. "Individual Signs." The first mentioned in detail is suppression of the menses, which, however, varies so much in health and disease as to be of little value. Several cases are given where pregnancy occurred before the appearance of the catamenia, and others where they were present only during that period. Nausea and vomiting, salivation, mammary sympathies, areola, and the secretion of milk, comprise the subjects discussed in the remainder of these two chapters. None of them need engage our particular attention at present, except the areola. The areola Dr. M. believes the most reliable of all the external symptoms, and, according to his experience, a state of pregnancy only can produce it. His description of a perfect areola is truly graphic, and much more minute and satisfactory than any we have previously seen. The most distinctive feature noticed by former writers has been the color, but on this Dr. M. places the least reliance. "The puffy turgescence, not alone of the nipple, but of the whole of the surrounding disk, and the development of the little granular follicles, with the developed state of the mammary veins, are the objects to which we should principally direct our attention." These chapters are closed by the consideration of "Mammary Sympathies," and the "Secretion of Milk," which are both taken as valuable presumptive, but not at all positive, proof of pregnancy.

Chap. 5. "Quickening and Motions of the Fœtus." This symptom, when present beyond all doubt, is one of the unequivocal signs of pregnancy, but there are many sources of error, and we should use every precaution before we give an opinion. The *period* of quickening, which so greatly engaged the atten-

tion of the profession at an early day, is yet indefinitely settled. Dr. M., who opens this chapter by saying that he reluctantly uses the word quickening, and only in compliance with a long established custom, believes the greatest number of instances will be found to occur between the end of the twelfth and sixteenth weeks after conception. He mentions one case where it occurred sixty-seven days after conception. Denman says, "Quickening happens at different periods of pregnancy, from the tenth to the twenty-fifth week, but most commonly about the sixteenth after conception." Hippocrates says that, "as a general rule the male fœtus is felt to move at three months, and the female at four." The period of quickening, then, being variable, the deception produced by other movements than that of a fœtus, renders it a symptom of no very great value.

Chap. 6. "Enlargement of the Abdomen and State of the Umbilicus."

Chap. 7. "Changes in the Uterus—State of the Os and Cervix Uteri—Size of the Uterus—Its Contents, Situation, and Consistence." These chapters comprise a complete review of the above subjects, and their relative importance as symptoms of pregnancy, with illustrations and the views of different authors, but seem to us to present no new features or points for comment, except it be Dr. M.'s statement, that though a corpus luteum *may* be found at each menstrual period, such an occurrence is *not necessary or invariable.* In this respect we believe Dr. M. differs from most writers on this subject. As regards the indications to be ascertained from the state of the cervix, Dr. M. considers them the most reliable, and least liable to error of any known to us. Besides their greater importance, they enable us to determine, in most instances, with considerable accuracy, the period of gestation.

Chap. 8. "Of the different modes of Examination, and the Method of Conducting them—Summary." This chapter is full of directions as to the best modes of conducting examinations, to ascertain the existence or absence of pregnancy, and is one of very great value. In regard to the auscultatory signs, after fully considering the time when they are most likely to appear, their situation, variation, and the most probable

causes of deception, he concludes by confirming his previous conviction regarding their diagnostic value, by saying, that "without meaning to depreciate their great and acknowledged value, as an occasional means, he is still of the opinion that for those who are thoroughly conversant with the proper methods of examining doubtful cases, it will seldom be found necessary, if all the other more ordinary modes have been adopted with sufficient care." This opinion, however, is given with a reservation. Dr. Kluge, professor of midwifery at Berlin, and M. Jacquemin, of Paris, were the first to notice the dusky hue of the vagina as a symptom of pregnancy, which they declared to be *a sure test*. At the time Dr. M.'s previous edition was issued, he had directed so little attention to this sign that he did not speak decidedly in reference to it; since then, however, he has had ample opportunities of testing its value, and without hesitancy gives his opinion that "it is one of the most constant signs of pregnancy." This chapter closes with a brief review of all the symptoms, their time of appearance, the order in which they occur, and their relative value. Only two signs are given as proof positive of pregnancy; they are, "the pulsations of the fœtal heart," and "the movements of the child in utero." "In any case of a criminal or civil character, and involving property, reputation, or life, our decision ought to rest on no evidence that admits of doubt."

Chap. 9. "Examination of Substances expelled from the Uterus—Moles—Hydatids—The Membrane found in Dysmenorrhœa, and in other Conditions of Uterine Derangement—Membranous Formations from the Vagina." This chapter describes the process of examining substances expelled from the uterus, and the means of determining whether it be an ovum. Moles and hydatids Dr. M. believes do not occur except after sexual intercourse, and as a consequence of impregnation. With regard to the time that such formations may be retained in utero much discrepancy of opinion exists. Madame Boivin has tabulated thirty-two cases, making the average period between six and seven months. Dr. Ryan relates a case of hydatids which continued for fourteen years. Gardien, Desor-

meaux, and Velpeau admit that they may be retained many years, but Dr. M. believes the time limited from six to twelve months.

Chap. 10. "Accidental Circumstances—Beccaria's Test—State of the Blood, Urine, and Pulse." In the first part of this chapter is noticed certain peculiarities not unfrequently observable in pregnant women, and many curious instances are given. According to Beccaria there is a pecular kind of headache accompanying pregnancy, which he describes as an acute pulsating pain in the occipital region. Dr. M. has met with several cases where faintness or actual fainting occurred at certain times of the day. Some women, when pregnant, have a depraved appetite, or take a particular fancy to some form of diet, which, at other times, was particularly disagreeable; others take a fancy to particular objects and pursuits. One woman was invariably seized with an uncontrollable desire for building, another to eat ginger. These phenomena in first pregnancies are of little value, but in those who have born children, and suffered from them, they become valuable auxiliaries. This chapter is closed by considering the condition of the blood, urine, and pulse in pregnancy. The buffy coat of the blood, by many thought to be au invariable concomitant on pregnancy, Dr. M. regards as fallacious, and places the subject beyond all question. Kyestien, an element of the urine in certain cases of pregnancy, first described by M. Nauche, and afterward by M. Equisier, and by them thought to be an invariable product, and always present, Dr. M. disposes of in the same summary manner. Since 1831, the time M. Nauche first announced the discovery of this substance in the urine, it has received the attention of many eminent investigators down to the present day, and now, we believe, is pretty generally acknowledged to be not peculiar to pregnancy, but may occur under other circumstances, and even in men. No remarks on the pulse requiring notice.

Chap. 11. "Pregnancy under unusual Circumstances, of Age, Disease—Without Consciousness—Imperfect Intercourse—Secondary Ovum."

Chap. 12. "Spurious or Simulated Pregnancy."

Chap. 13. "Investigation after Death—Examination of the Uterus, and its Appendages—The Ovaries, Corpora Lutea, and Fallopian Tubes." These three chapters are full of interest and instruction, being a full survey of the subjects on which they treat, and many others of equal importance. The many circumstances connected with pregnancy in its relation to disease, and other conditions of the female economy, are well and ably commented on. A full description of the corpus luteum of pregnancy is given, as well as its distinguishing features from the corpus luteum of menstruation. We regret that our limits will not allow a more extended notice of these subjects, as we feel that they richly deserve and would well repay a careful review. The work is closed by three papers, written with much care, and comprehending a thorough investigation of the following subjects: First, "The Period of Human Gestation;" second, "The Signs of Delivery;" and third, "The Spontaneous Amputation of the Fœtal Limbs in Utero." Each of these subjects being of so great an importance, and of so much interest to the profession, have been fully discussed, and are made to appear plain and easy for observation and study. "The Period of Human Gestation," which has so long been the vexed and much disputed question, has, in our opinion, been so carefully studied by Dr. M. as to leave no longer room for discussion. He has proved by actual observation that labor may not only be premature but may be protracted. On both these questions he has given tables from different authorities, showing, beyond all doubt, that labor may be delayed one, two, or three weeks. So thoroughly is this subject considered, and so impartially, that we believe no one unprejudiced can read them without being, as we have been, fully convinced of their correctness. The last subject, "Spontaneous Amputation of the Fœtal Limbs in Utero," forms an important finish and excellent topic for closing a work which we have found so full of interest and instruction. The whole work, though rather large, is written in such a pleasing manner, and of so finished a style, as to be easily studied without much effort, and to certainly impart an amount of knowledge not to be obtained from any other source. We

bespeak for it a generous reception and due appreciation by our professional brethren, who will find it a valuable addition to their libraries. G. K. A.

We have received from the publishers, Messrs. Blanchard & Lea, of Philadelphia, copies of Todd and Bowman's Physiology, and Churchill on Diseases of Women, by Condie; both valuable books, which we shall notice more at length hereafter.

We have also on our table several Monographs, Addresses, etc., which we have neither time nor space to notice in the present number.

PROCEEDINGS OF MEDICAL SOCIETIES.

Proceedings of the American Medical Association, held at Nashville, May 5, 6, and 7, 1857.

The delegates and members assembled in the State Capitol, and were called to order by the President, Dr. Zina Pitcher, of Michigan.

Dr. C. K. Winston, chairman of the Committee of Arrangements, extended to the members, in behalf of the profession and citizens of Nashville, a cordial and appropriate welcome.

On calling the roll, one hundred and forty-six members answered to their names, as follows: Connecticut, 1; New Hampshire, 1; New York, 4; Pennsylvania, 4; Georgia, 11; Alabama, 11; Tennessee, 57; Louisiana, 4; Kentucky, 13; Indiana, 5; Illinois, 6; Missouri, 4; Michigan, 9; Iowa, 4; Ohio, 4; Wisconsin, 2; South Carolina, 4; Mississippi, 1; Arkansas, 1.

The names of the officers elected for the ensuing year were given in the June number of our Journal.

The Association continued in session three days, during which reports were presented on the following subjects: On Medical Topography and Epidemics, by Dr. Peregrine Wroth, of Maryland, and Dr. J. F. Posey, of Georgia.

Medical Topography and Fauna of Washington Territory, by Dr. G. Suckley, of the U. S. Army.

Medical Statistics of Washington Territory, by Dr. George Suckley, of U. S. Army.

Medical Flora of Washington and Oregon Territories, by Dr. G. A. Cooper.

A new Principle of Diagnosis in Dislocations of the Shoulder-joint, by Dr. L. A. Dugas, of Georgia.

Causes of Infant Mortality, etc., by Dr. D. Meredith Reese, of New York.

Blending and Conversion of the Types of Fever, by Dr. C. G. Pease, of Wisconsin.

Use of Cinchona in Malarious Diseases, by Dr. F. Trinkle, of Pennsylvania.

Nervous System in Febrile Diseases, by Dr. H. F. Campbell, of Georgia.

Ætiology and Pathology of Epidemic Cholera, by T. W. Gordon, of Ohio.

The foregoing reports and papers were all referred to the Committee on Publication, and they will doubtless constitute the contents of the next volume of Transactions of the Association. Dr. Boling, from the Committee on Prize Essays, reported that only four papers had been received, from which the two following were selected for premiums, viz.: 1st. On the Excreto-secretory System of Nerves, and its Relations to Physiology and Pathology, by Dr. H. F. Campbell, of Georgia; 2d. Experimental Researches Relative to the Nutritive Value and Physiological Effects of Albumen, Starch, and Gum, when singly and exclusively used for Food, by Dr. W. A. Hammond, assistant surgeon in the U. S. Army.

The only subject of general interest, which elicited much discussion, led to the adoption of the following resolutions, offered by Dr. Curry, of Tennessee, viz.:

Whereas, The subject of medical education has been committed at each annual session to standing committees, and various suggestions have been proposed which the Association has adopted, and recommended to private instructors and to the Medical Colleges,

Resolved, That a committee of five be appointed by the Committee on Nominations, as a special committee, to be composed of members who are in no respect connected with any

medical school, to devise *a system of medical instruction*, to be presented for the consideration of this Association at its annual session in 1858.

Resolved, That the proposed system shall set forth a uniform basis upon which our medical institutions shall be organized, as well as have reference to the best mode of securing the preparatory medical instruction to the student; and that, consequently, the legitimate subjects to be embraced in said system will include primary medical schools, the number of professorships in medical colleges, the length and number of terms during the year, the requisite qualifications for graduation, and such other subjects of a general character as to give uniformity to our medical system, and preserve harmony and friendly intercourse in the ranks of the profession.

Resolved, That, upon the adoption of the proposed system by the Association, all institutions which may conform to it shall be entitled to representation at the annual sessions of this Association, and none others.

The committee called for by the first of these resolutions consists of Drs. James R. Wood and John Watson, of New York; R. La Roche, of Philadelphia; George R. Grant, of Memphis; and C. B. Nottingham, of Macon.

This is a good committee, and we hope they will give the subject that full and definite consideration which its importance demands.

The standing and special committees appointed to report at the next meeting of the Association are as follows:

STANDING COMMITTEES.

Committee of Publication.—Francis G. Smith, of Philadelphia, Chairman; Caspar Wister, of Philadelphia; R. C. Foster, of Nashville; A. J. Semmes, of Washington City; Samuel L. Hollingsworth, of Philadelphia; Samuel Lewis, of Philadelphia; H. E. Askew, of Delaware.

Committee on Prize Essays.—Grafton Tyler, of Georgetown, D. C., Chairman; J. C. Hall, of D. C.; J. F. May, of D. C.; Thomas Miller, of D. C.; A. J. Semmes, of D. C.; Joshua Riley, of D. C.; W. J. C. Duhamel.

Committee of Arrangements.—Harvey Lindsley, Chairman; W. J. C. Duhamel, Cornelius Boyle, P. H. Coolidge, G. M. Dove, A. Y. P. Garnett, Wm. P. Johnston, of D. C.

Committee on Medical Education.—G. W. Norris, of Philadelphia, Chairman; A. H. Luce, of Illinois; E. R. Henderson,

of South Carolina; G. R. Grant, of Tennessee; T. S. Powell, of Georgia.

Committee on Medical Literature.—A. B. Palmer, of Detroit, Chairman; A. F. Alexander, of Alabama; J. M. Mosgrove, of Ohio; P. Cassidy, of Pennsylvania; S. Pollok, of Missouri.

Vacancies in Committee on Medical Topography and Epidemics.—T. B. Shuford, to fill the vacancy caused by the death of Dr. Grafton, of Mississippi; C. W. Parsons, to fill the vacancy caused by the resignation of Joseph Mauran, of Rhode Island.

SPECIAL COMMITTEES.

Spontaneous Umbilical Hemorrhage of the Newly Born.—J. Foster Jenkins, of New York.

Influence of Marriages of Consanguinity upon Offspring.—Dr. Bemiss, of Ky.

Functions of different portions of the Cerebellum.—E. Andrews, of Ill.

Causes of the Impulse of the Heart and the Agencies which influence it in Health and Disease.—J. W. Corson, of New York City.

Treatment of the Results of Obstructed Labor.—J. Marion Sims, of N. Y.

Treatment best adapted to each variety of Cataract, with the Method of Operation, Place of Election, Time, Age, etc.—Mark Stephenson, of N. Y.

Human, Animal, and Vegetable Parasites.—Joseph Leidy, of Philadelphia.

Best Substitutes for Cinchona and its Preparations in the Treatment of Intermittent Fever, etc.—B. S. Woodward, of Indiana.

Intimate Structure and Pathology of the Kidney.—Charles E. Isaacs, of N. Y.

Etiology and Pathology of Epidemic Cholera.—T. W. Gordon, Georgetown, Brown county, Ohio.

Inflammation of the Cervix Uteri.—Henry H. Miller, of Louisville, Ky.

On Milk Sickness.—W. H. Byford.

Best Means of Causing an Increase of the number of Essays.—Drs. Leidy, Wood, and Meigs, of Pa.

Changes produced in Composition and Properties of Milk.—N. S. Davis, of Ill.

Stomatitis Materna.—Dr. C. McGugin, of Iowa.

On Criminal Abortion, with a view to its general suppression.—H. N. Storer, of Boston.

The committee recommended the amendment of the third article of the constitution, in relation to *meetings*, by inserting after the words, "first Tuesday in May," the words, "*or the first Tuesday in June*," and also, by inserting after the words, "shall be determined," the words, "*with the time of meeting.*"

Special Committee on the present state of Science as regards the Pathology and Therapeutics of the Reproductive Organs of the Female.—Dr. Fordyce Barker, of N. Y.

On Moral Insanity.—D. Meredith Reese, M. D., of New York.

On Calculi and Diseases of the Urinary Organs in Iowa, Minnesota, and Nebraska.—Dr. J. C. Hughes, of Keokuk.

On the Nature, Tendency, and General Treatment of Syphilitic Buboes.—Moses Gunn, of Detroit.

Illinois State Medical Society.

The regular annual meeting of this Society was held in the medical college building in this city, on the 2d, 3d, and 4th days of June.

The meeting was well attended, there being about forty members present. The time was diligently and profitably occupied in the reading and discussion of important reports and papers. The address of the President, Dr. H. Noble, was listened to with much interest. The following were the principal reports and papers presented, viz.:

Report on Practical Medicine and Epidemics, by Dr. C. N. Andrews, of Rockford.

Report on Drugs and Medicines, by Dr. H. A. Johnson, of Chicago.

Report on the Changes produced in the Blood in Continued Fevers, by Dr. N. S. Davis, of Chicago.

Report on the Medicinal Properties of the Asclepias Tuberosa, by Dr. C. Goodbrake, of Clinton.

A Paper on the Stomatitis Materni, by Dr. W. M. Chambers, of Charleston.

Report on Congestive Intermittents, by Dr. F. K. Bailey, of Joliet.

A Paper on Ununited Fractures, by Dr. D. Brainard, of Chicago.

Dr. J. W. Freer, of Chicago, exhibited to the Society an

interesting pathological specimen, consisting of an encysted disease of the lower end of the femur.

The following officers were chosen for the ensuing year:

For President, Dr. C. Goodbrake, of Clinton.

Vice-Presidents, Drs. A. L. McArthur, of Joliet, W. M. Chambers, of Charleston.

Permanent Secretary, Dr. H. A. Johnson, of Chicago.

Assistant Secretary, Dr. C. N. Andrews, of Rockford.

This much we have given from memory. A fuller account of the proceedings, and a list of the committees appointed, will be given when we get an official copy of the proceedings from the Secretary.

Rockford was selected as the place for the next annual meeting of the Society.

Fayette County Medical Society.

Pursuant to a call of the physicians of Fayette county, a meeting was held at the office of Dr. Wilkins on the evening of April 1st, for the purpose of organizing a County Medical Society.

Dr. Stearns was called to the chair, and Dr. Haller appointed Secretary.

A Constitution and By-Laws, for the government of the Society, were presented, and adopted.

The following gentlemen were then elected officers for the ensuing year:

Dr. A. D. Stearns, *President.*

Dr. Thomas Wilkins, *Vice-President.*

Dr. F. B. Haller, *Secretary.*

Dr. E. W. Boothe, *Treasurer.*

A list of charges for professional services was presented, and unanimously adopted.

On motion, it was

Resolved, That the Fee-Bill be printed, with the names of the members of the Society appended thereunto, and that every member be required to post a bill conspicuously in his office.

The Society then adjourned to meet in monthly session on the first Wednesday in August, at 8 o'clock P. M.

A. D. STEARNS, M. D., President.

F. B. HALLER, M. D., Secretary.

EDITORIAL.

To Subscribers.

The present number begins the last half of the present volume, and in it we inclose bills to all, or nearly all, who stand indebted on our books. A few, who have remitted their subscriptions, or paid our agent, since these bills were made out, will be kind enough to disregard the bill, and look for an acknowledgment of their remittances on the second page of the cover to this and succeeding numbers of the Journal. Those who have not yet paid (and they are many), will do us a great favor by doing so immediately. The amount due from any one individual is small, but the aggregate is large, and to us very important, for the printer wants his pay.

Rush Medical College.

Since the close of the last annual college term, three chairs have been made vacant in this institution, by the resignations of Drs. John Evans, Professor of Obstetrics and Diseases of Women and Children; W. B. Herrick, Professor of Physiology and Pathology; and H. A. Johnson, Professor of Materia Medica and Medical Jurisprudence. Dr. Evans retired from the active practice of his profession two or three years since, and his resignation was but the consummation of a purpose long since formed, and fully understood by his colleagues. The resignation of Professor Herrick was occasioned by such an impaired state of his health, as rendered him unable to perform the active duties of his profession. Both have retired enjoying the full confidence and the most cordial friendship of their colleagues, and we earnestly hope they may yet enjoy many years of prosperity and usefulness. The chair of Obstetrics and Diseases of Women and Children has been filled by the appointment of W. H. Byford, M. D., of Evansville, Indiana. Dr. B. has already acquired a high reputation, both as a practitioner and teacher of medicine, and will bring to the discharge of his duties the qualities of a good writer and speaker, an observing and experienced practitioner, and a ripe scholar. The chair of Physiology and Pathology has been filled by the appointment of H. A. Johnson, M. D., who has just resigned

that of Materia Medica, etc. Dr. Johnson having already filled a chair in the college for the last three years, his truly valuable qualities of head and heart are too well known to the friends of the institution to require any comments in this place. John H. Rauch, M. D., of Burlington, Iowa, has been appointed to the chair of Materia Medica, Therapeutics and Medical Jurisprudence, made vacant by the resignation of Dr. Johnson. Dr. Rauch is well known throughout the northwest as a man of high scientific attainments, and is eminently qualified for the place assigned him. With a faculty thus complete in number, and composed of men ardently devoted to the science and practice of the profession, the Rush Medical College will commence its next annual session with every facility for imparting medical knowledge which can be found in our country.

At a recent meeting of the faculty of the college, the following resolutions were prepared, and adopted through a committee appointed for that purpose;

Whereas, The resignations of Professors W. B. Herrick and John Evans of their respective chairs in Rush Medical College have deprived us, as a faculty, of two of our most experienced and able colleagues—two with whom we have labored and associated on terms the most pleasant and cordial through many years—therefore,

Resolved, That we tender to them, in the name of the college, our thanks for their abundant and efficient labors in its behalf; and though compelled to part with them as teachers, we earnestly hope that we may long enjoy their society and counsel as citizens, as friends, as brothers.

Resolved, That in the death of Dr. Thomas Spencer, of Philadelphia, late Emeritus Professor of Practical Medicine in Rush Medical College, we have lost a highly esteemed colleague, and the profession one of its most successful, laborious and distinguished members.

Advertisement.

We would invite the attention of our readers to the advertisement of Messrs. Sargent & Ilsley, druggists, of this city. We are well acquainted with them, and have the fullest confidence in their integrity and skill in the selection and preparation of medicines.

MISCELLANEOUS ITEMS.

Death of Dr. Thomas Spencer.

Dr. Thomas Spencer, a distinguished physician of Central New York, who has been residing in this city for several years past, died at his residence here on Saturday last. He occupied a professorial chair in the medical college of Geneva for fifteen years; afterwards filled a chair in the medical college of Chicago, and five years ago came to a professorship in the Philadelphia College of Medicine. In medicine, politics, or authorship he was equally at home. He officiated as surgeon in the American army in Mexico during the war, was a member of the New York Legislature, and the author of a work on the "Chemistry of Animal Life," in which some original and striking views are presented. A number of elaborate articles from his pen will be found in the early volumes of this Journal. —*Phil. Med. and Surg. Journal.*

Medical Schools—Medical Politics.

Our city has been full of rumors for some time past, in reference to a proposed "consolidation" between the Medical College of Ohio and the Miami Medical College. After considerable diplomacy, an arrangement has been consummated whereby the latter school ceases to exist, and four members of its faculty. Drs. Judkins, Comegys, Foote and Mendenhall go into the former; Drs. Armor, Marshall, Warder and Tate withdrawing. We understand the faculty of the Ohio School, as thus constituted, together with the board of trustees, heartily unite in certain general plans for the future, that, if fully carried out, promise to increase the facilities and usefulness of the school. A fuller *Hospital Service* is contemplated. The students and alumni of the Miami School are to be placed on an equal footing with a corresponding attendance or position at the Ohio School, graduates of the Miami School being entitled to a diploma from the Ohio Medical College, if desired. At present we have no comments to make upon this new arrangement. We wish it success, but are not committed for it or against it. To our patrons we have to say, however, this will not make any change whatever, at least at present, in the Observer. This journal is private property, and is not comprehended in any of these "consolidated" enterprises.—*Med. Observer.*

Editorial Changes.

The editorial management of the New York Journal passes into the hands of Dr. Stephen Smith alone, Drs. Purple and Bulkley withdrawing. The New York Journal is among our ablest cotemporaries, and we wish it abundant success in its future career.

With the June number of the Medical Independent, we find the name of Professor Gunn, of the University of Michigan, associated with Dr. L. G. Robinson, as editors, Dr. Kane having withdrawn.

The last number of the Philadelphia Medical and Surgical Journal completes its fifth volume, and with it Dr. Bryan announces his purpose to suspend the publication, although with some indefiniteness.—*Med. Observer.*

TO THE MEDICAL PROFESSION.

The subscribers would call the attention of physicians to the annexed list of Fluid Extracts, which we have been induced to prepare, from the difficulty of obtaining such preparations of a reliable character, and to obviate the great inconvenience of being dependent on distant manufacturers for articles of every day use by physicians.

By the process of percolation, carefully conducted, the crude material is completely exhausted of its medicinal virtues, and these, by subsequent evaporation, at a low temperature, are retained in their full original activity, and in a form highly concentrated, and exceedingly convenient for prescription.

We would respectfully invite physicians to make trial of the above, feeling confident that they will be found entirely reliable.

To those who prefer Tilden & Co.'s Extracts, we would say that we keep the usual assortment of their Solid and Fluid Extracts, and offer them at their prices.

SARGENT & ILSLEY,
Druggists, 140 Lake-street, Chicago.

Extractum	Aconiti Fluidum,	One	fluid drachm	is	equal	to	½	a drachm	of the	crude material.
"	Asclepiadis Tuberosæ,	"	"	"	"	"	"	"	"	"
"	Buchu,	"	"	"	"	"	"	"	"	"
"	Belladonnæ,	"	"	"	"	"	"	"	"	"
"	Cinchonæ (Calisaya),	"	"	"	"	"	"	"	"	"
"	Colombæ,	"	"	"	"	"	"	"	"	"
"	Conii,	"	"	"	"	"	"	"	"	"
"	Cimicifugæ,	"	"	"	"	1	"	"	"	"
"	Cubebæ, U. S.	"	"	"	"	"	ounce	"	"	"
"	Ergotæ	"	"	"	"	2	scruples	"	"	"
"	Gallæ,	"	"	"	"	½	a drachm	"	"	"
"	Gentianæ,	"	"	"	"	1	"	"	"	"
"	Hyoscyami,	"	"	"	"	½	"	"	"	"
"	Lobeliæ,	"	"	"	"	"	"	"	"	"
"	Opii,	"	"	"	"	about 5	grains	"	"	"
"	Pareiræ Bravæ	"	"	"	"	½	a drachm	"	"	"
"	Piperis Nig., U. S.,	"	"	"	"	2	ounces	"	"	"
"	Pruni Virg,	"	"	"	"	½	a drachm	"	"	"
"	Rhei, U. S.,	"	"	"	"	1	"	"	"	"
"	" et Sennæ,	"	"	"	"	45 grs. Senna 15 grs. Rhub.			"	"
"	Sanguinariæ	"	"	"	"	½	a drachm	"	"	"
"	Serpentariæ,	"	"	"	"	"	"	"	"	"
"	Scutellariæ,	"	"	"	"	"	"	"	"	"
"	Sarsaparillæ, U. S.,	"	"	"	"	1	"	"	"	"
"	Sennæ, U. S.,	"	"	"	"	"	"	"	"	"
"	" et Spigeliæ, U. S.,	"	"	"	"	30 grs. Pink-root, 15 grs. Senna,			"	"
"	Stillingiæ,	"	"	"	"	½	a drachm	"	"	"
"	Taraxaci,	"	"	"	"	1	"	"	"	"
"	Valerianæ, U.S.	"	"	"	"	½	"	"	"	"